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JC06 Rec'd PTO 17 AUG 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:	)	Before the Examiner
Günther SCHMID, et al.	)	Not Yet Assigned
Serial No. 10/535,517	)	Group Art Unit ____
Filed	)	
IMPLANT, THERAPEUTIC AGENT AND MICELLE	)	August 17, 2005

TRANSMITTAL OF DECLARATION OF INVENTORS

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450  
**Box PCT**

Sir:

On May 13, 2005, the above-identified patent application was filed by Express Mail (Receipt No. EV641072900US-see copy of returned postcard attached) with an unsigned Declaration. Applicants transmit herewith a fully executed Declaration, along with the small entity surcharge therefore of \$65.00 (37 CFR 1.492(e)) which is to be charged to a credit card. The credit card authorization is enclosed.

08/22/2005 ATRAM1 00000061 10535517

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Date of Deposit August 17, 2005

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Signature of person mailing paper or fee

No additional fees are believed to be due, but if any additional fees are deemed required, please charge such fees to Deposit Account No. 23-3030.

Respectfully submitted

By: James M. Durlacher  
James M. Durlacher  
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Woodard, Emhardt et al. LLP  
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(317) 634-3456

8310-4:JMD:#359257:ss

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/535,517
Filing Date	May 13, 2005
First Named Inventor	Günther SCHMID
Group Art Unit	
Examiner Name	Not Yet Assigned
Attorney Docket Number	8310-4

Total Number of Pages in this Submission

9

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached see PTO-2038 form  <input type="checkbox"/> Amendment Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Documents  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> To Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Small Entity Statement  <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Additional Enclosure (please identify below)  <input checked="" type="checkbox"/> Return Receipt Postcard  <b>Transmittal of Declaration of Inventors; Declaration &amp; Power of Attorney</b>
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	James M. Durlacher Woodard, Emhardt, Moriarty, McNett & Henry LLP
Signature	<i>James M. Durlacher</i>
Date	August 17, 2005

## Certificate of Mailing

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on this date: August 17, 2005

Typed or printed name	Sandra L. Stilz		
Signature	<i>Sandra L. Stilz</i>	Date	August 17, 2005

# FEE TRANSMITTAL FOR FY 2005

Effective 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act (H.R. 4818).

☒ Applicant claims small entity status. See 37 CFR 1.27Total Amount of Payment (\$)**65.00**

## Complete if Known

Application Number	10/535,517
Filing Date	May 13, 2005
First Named Inventor	Gunther SCHMID
Group Art Unit	
Examiner Name	Not Yet Assigned
Attorney Docket Number	8310-4

## METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit card ☐ Money ☐ Other ☐ None ☐ Other (please identify):
☐ Deposit Account: Deposit Account Number

23-3030

Deposit Account Name

Woodard, Emhardt, Moriarty,  
McNett & Henry LLP

## See PTO 2038 Form

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments ☒ Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION:

## 1. BASIC FILING, SEARCH AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$ 0
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$)

Small Entity Fee (\$)

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

50

25

Multiple dependent claims

200

100

Total Claims

360

180

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

\* - 20 or HP = \* x 50 = (\$)**0**

(HP = highest number of total claims paid for, if greater than 20)

Indep. Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Fee

Fee Paid (\$)

\* - 3 or HP = \* x 200 = (\$)**0**

(HP = highest number of independent claims paid for, if greater than 3)

360

\$ 0

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets

Number of each additional 50 or fraction thereof

Fee (\$)

Fee Paid (\$)

- 100 = - / 50 = (round up to a whole number) x =

0

## 4. OTHER FEE(S)

Non-English Specification.

Fee Paid (\$)

0

Other: Fee for late filing of Oath or Declaration

\$65.00

## SUBMITTED BY:

Name (Print/Type):	James M. Durlacher	Registration No.:	28,840	Telephone:	(317) 634-3456
Signature:	<i>James M. Durlacher</i>			Date:	August 17, 2005

## CERTIFICATE OF MAILING OR TRANSMISSION

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Name (Print/Type)	Sandra L. Stilz	Date	August 17, 2005
Signature	<i>Sandra L. Stilz</i>		